Form Approved
Budget Bureau No. 76-R0559

APPLICATION AND AGREEMENT TO FURNISH NURSING HOME CARE TO PATIENTS OF THE VETERANS ADMINISTRATION

NURSING HOME NUMBER (CC 5-10)

PART I - APPLICATION

1. NAME OF NURSING HOME	2. ADDRESS (City, County, State and Zip Code)	3. TELEPHONE NO.
1A. NAME OF ADMINISTRATOR		

4. IS NURSING HOME LICENSED OR APPROVED BY STATE IN WHICH LOCATED?	5. IS NURSING HOME ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS? (If "Yes," insert date)	6. HAS NURSING HOME BEEN CERTIFIED FOR PARTICIPATION UNDER TITLE XVIII, SOCIAL SECURITY ACT? (Medicare)
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

7. LICENSED BED CAPACITY	8. NUMBER OF BEDS OCCUPIED ON FILING DATE	9. OWNERSHIP
		☐ PROPRIETARY ☐ NON-PROFIT ORGANIZATION

10. TYPE OF PATIENTS ACCEPTED (Check all applicable categories)

A. MALE	E. WHEELCHAIR	I. PSYCHIATRIC	M. ASSISTANCE IN FEEDING
B. FEMALE	F. NON-AMBULATORY	J. TERMINAL	N. OTHER (Specify)
C. DIABETIC	G. PARAPLEGIC	K. CONFUSED	

A. ADMINISTRATION	ACCOUNTANT	15		16	
	OTHER (Specify)	17		18	
B. NURSING	REGISTERED NURSES	19-20		21-22	
	LICENSED VOCATIONAL/PRACTICAL NURSES	23-24		25-26	
	NURSING ASSISTANTS/AIDES	27-28		29-30	
C. DIETARY STAFF	DIETITIAN-AMERICAN DIETETIC ASSN. (Note if consultant only)	31		32	
	COOK	33		34	
	ALL OTHER KITCHEN HELP	35-36		37-38	
D. DIRECT CARE STAFF (Exclusive of Nursing)	PHYSICAL/CORRECTIVE THERAPIST	39		40	
	OCCUPATIONAL/MANUAL ARTS THERAPIST	41		42	
	SOCIAL WORKER	43		44	
	RECREATIONAL/ACTIVITIES DIRECTOR	45		46	
	BEAUTICIANS/BARBERS	47		48	
	PHARMACIST	49		50	
	VOLUNTEERS (Including clergymen)	51-52		53-54	
E. HOUSE-KEEPING STAFF	HOUSEKEEPING STAFF	55-56		57-58	
	JANITORS/MAINTENANCE STAFF	59-60		61-62	
	LAUNDRY	63-64		65-66	
	ENGINEERING	67		68	
	OTHER (Specify)	69-70		71-72	

14. PHYSICAL FACILITIES

A. DATE FACILITY BUILT	B. DATES OF EXPANSION OR MAJOR REMODELING	C. NUMBER OF BEDS AFFECTED

BUILDING CONSTRUCTION (Type, e.g., veneer, masonry, concrete, etc.)		F. IS THERE A BASEMENT OR CELLAR?	G. IS THERE MORE THAN ONE STORY EXCLUSIVE OF BASEMENT?
D. OUTSIDE WALLS	E. ROOF	☐ YES ☐ NO	☐ YES ☐ NO

H. ARE EXTERIOR WALLS AT LEAST ONE HOUR FIRE RESISTANT?	I. IS THERE AN AUTOMATIC FIRE SPRINKLER SYSTEM THROUGHOUT THE FACILITY?	J. IS PUBLIC TRANSPORTATION AVAILABLE TO NURSING HOME?
☐ YES ☐ NO		☐ WITHIN ½ MILE ☐ MORE THAN ½ MILE

VA FORM 10-1170

SUPERSEDES VA FORM 10-1170, AUG 1966, WHICH WILL NOT BE USED.

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